

FIRE AND LIFE SAFETY EDUCATOR 1

Test Prerequisite Form

By signing below I hereby verify that the personnel listed have completed a fire and life safety educator course that meets or exceeds all objectives for the Public Fire and Life Safety Educator 1 of the current edition of NFPA 1035, Standard for Professional Qualifications for Public Fire and Life Safety Educator

PRINT NAME

PRINT NAME

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Print Name _____
Fire Chief, Training Officer, or designee

Signature: _____

Department _____ Date: ____/____/____

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249, 1310).